DIVISION OF WORKERS' COMPENSATION

Independent Medical Examinations ("DIME") Program

The Division Independent Medical Examination (DIME) Program provides an independent evaluation of medical issues relating to Maximum Medical Improvement (MMI) and Impairment in workers' compensation cases. A party to a claim must obtain a DIME if they wish to dispute the treating doctor's conclusions at a hearing. If the parties are unable to agree on an independent medical examiner, the Division will provide a list of 3 Level II accredited doctors from which the parties choose a physician. There are rigid time frames applied to the DIME process, which is guided by Workers' Compensation Rule 11. The fee to obtain a DIME is \$675, paid directly to the doctor.

Application Process

• Notice and Proposal

Prior to Division intervention, the parties have **30 days** to negotiate the selection of a physician to conduct the IME by utilizing from *WC146-Notice and Proposal to Select an Independent Medical Examiner*.

• Failed Negotiations

If the parties are unable to agree on a physician the respondent must submit form *WC165-Notice* of Failed *IME Negotiation*, within **30 days** of such failure to agree.

• Application Form

The requesting party must submit form WC77-Application for a Division Independent Medical Examination to the Division and the opposing party within **30 days** from the date of agreement

or disagreement on a physician. The party requesting the Division IME must designate:

- 1) The preferred location(s) for the DIME exam;
- 2) The body part(s) or other conditions to be evaluated;
- 3) The names of physicians that have previously evaluated, treated, or are currently treating the claimant.

If the Claimant is unable to pay the \$675 fee. . .

If a claimant wishes to have a DIME but believes that he/she cannot afford the required \$675 fee, they may file form *WC035 IME Applications for Indigent Determination (IME)* with the Office of Administrative Courts (OAC). An administrative law judge will make a ruling as to whether the claimant will be required to pay for the IME. Division Rule 11-11 has more information about this process.

Physician Selection

If the parties are unable to agree on a physician, the Division will issue a list of 3 physicians, all able and willing to evaluate the body parts and issues listed on the IME application. Within 5 business days after the 3-doctor panel is issued, a party may request that any of the physicians on the list disclose any business, financial, employment or advisory relationships they have with an insurer, employer, or claimant, using a special form. The requesting party then has 5 business days to strike a name from the 3physician list; the other party then has 5 days to strike a name from the remaining 2 doctors listed, and then notify the Division and the other party. The remaining physician performs the DIME. The Division will send a letter to the parties, confirming the name of the selected physician.

Appointment Process

The requesting party shall call the IME physician within **5 business days** after notice of the DIME physician selection to schedule the appointment. They must immediately notify the Division and the opposing party of the date and time of the appointment by telephone, and confirm in writing. The examination shall take place no earlier than **35 calendar days**, nor later than **50 calendar days** from the date of the telephone call requesting the appointment.

Medical Records

• Format / Content

Generally, the respondent (insurer or employer) first submits the medical records concerning the claim to the designated DIME doctor. The claimant may send additional records. The packet shall include all pertinent medical records reflecting the diagnosis and treatment of the claimant's work-related injury, as well as available medical records regarding pre-existing condition(s) or other work-related injuries. The records must be organized in a certain format which is explained in Rule 11-3(K). Medical bills, adjustor notes, surveillance tapes, admissions, denials, vocational rehabilitation reports, non-treating case manager records, depositions, or commentaries to the DIME physician shall not be submitted without written agreement of all the parties, order of a judge, or prior permission of the Division. When a party sends records to the DIME physician, they must also send a copy of those records to the opposing party.

Time Frames

The insurance carrier's medical records packet shall be provided to the DIME doctor at least **14 calendar days** prior to the DIME appointment.

If the medical records are not provided on time to the physician, the claimant may ask the Division to cancel the IME; or the claimant may submit all medical records he/she has available no later than 10 calendar days before the appointment. Any party may submit supplemental records to the IME physician no later than 7 calendar days prior to the appointment.

Motions and Orders

If a party files a motion involving a pending DIME proceeding, that party shall also provide a copy of the motion to the Division's IME section. When the issue is decided by a judge or the Division Director, the moving party must provide a copy of the decision to the Division's IME section.

Payments / Fees

The party requesting the DIME shall pay the physician \$675 at least 10 calendar days prior to the IME appointment. The physician may request additional money for extensive record review in accordance with Rule 11-4(A). Only the requesting party or the Division may cancel the IME appointment, no later than 3 business days prior to the appointment. If the IME is not timely canceled, the claimant misses the appointment, or the medical records are not submitted on time, the physician is entitled to a \$250 fee, paid by the party that caused the delay.

Physician's Report

DIME physicians have 20 days after the exam to submit their reports to the Division and the parties. The Division will review the IME report for sufficiency. The parties and the DIME physician will then be notified whether the report is complete and final, or whether certain items remain to be addressed.

Follow Up Exam

If the DIME physician determines a claimant has not reached MMI and recommends further treatment, usually the claimant returns to the treating doctor for further evaluation. After a time, usually the insurer or employer will request a follow-up DIME examination, to be scheduled with the original DIME physician. The Division's IME Unit should be notified in writing, with a copy to the other party. Generally the insurer or employer pays for the additional examination unless the visit is only for repeat range-of-motion testing; usually the party requesting the DIME pays for that. Follow-up fees are listed in the DIME Rule and are primarily determined by the length of time that has passed since the original examination.

All fees are tied to the Division's Medical Fee Schedule or the DIME Rule (Rule 11) and are subject to change.

Miscellaneous

Under the law, only one DIME impairment rating per case is allowed unless there is agreement by the parties, a judge's order, or by request of the original DIME physician.

There are restrictions on communications between the DIME physician and the parties in the course of and after the DIME process. If improper communication occurs, the DIME could be cancelled.

CONTACT:

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